



1590 Highway 55
Hastings, MN 55033
651.438.4372

APPLICATION FOR 3.2 MALT BEVERAGE LICENSE

All Questions MUST Be Answered

ON SALE ____\$200 OFF SALE ____\$200 TEMPORARY ____\$50 CONSUMPTION & DISPLAY ____\$200

Applicant's Name (Business, Partnership, Corporation)	Trade Name or DBA
Business Address	Business Phone
City	State and Zip Code
Application New _____ Renewal _____ Temp _____	Contact Name and Phone Number

If a corporation, give name, title, address and date of birth of each officer. If a partnership, give name, address and date of birth for each partner:

Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB

Applicant's signature confirms the following:

- Licensee confirms that it has never had a liquor license rejected by any city/township or county in the state of Minnesota. If ever rejected, please give details .

- Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If revocation has occurred, please give details.

- Licensee confirms that during the past five years, it or its employees, have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details.

- Licensee confirms that Workers Compensation insurance is in effect for the full license period.

- Licensee confirms that they did not exceed \$25,000 sales in the preceding year and/or if the total sales of OFF Sale exceeded \$50,000 in the preceding year. If amount was exceeded Liquor Liability Insurance (Dram Shop) – at a minimum of \$300,000 per person; \$300,000 more than one person; \$300,000 property destruction; \$300,000 for loss of means of support is required. Please attach certificate of insurance.

- **IF TEMPORARY LICENSE: PLEASE INDICATE DATE, TIMES OF BEVERAGE SALE AND LOCATION OF EVENT:**

Indicate details of any liquor law violations that have occurred within the last five years:

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Signature of Applicant

Date

Report by County Sheriff & County Attorney

This is to verify that a background check has been completed and appearing to the best of said knowledge that applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2% malt beverage or intoxication liquor, and that if a violation has occurred it has been corrected and therefore in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Signature of Sheriff

Signature of Attorney

Township Board

It is hereby certified that the Town Board of _____ in Dakota County, MN by resolution on the _____ day of _____, 20____ did consent to the issuance of the license applied for in the application.

Chairman

Town Clerk